

THE REENTRY COURT INITIATIVE: COURT-BASED STRATEGIES FOR MANAGING RELEASED PRISONERS

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Abstract

In response to the growing need to effectively manage the large numbers of released prisoners returning into the community, the Office of Justice Programs launched the Reentry Court Initiative (RCI). Nine sites were identified and charged with developing strategies to improve the tracking and supervision of offenders upon release and providing the services necessary to help offenders reconnect with their families and the community. The current article describes the RCI programs. Telephone interviews were conducted with key site contacts from each site. Site visits were conducted to three sites, at which semistructured interviews were held with 28 key stakeholders, including judges, program directors, supervision officers, case managers, and program participants. The sites employed diverse approaches in establishing their programs, with the judicial branch maintaining programmatic authority in five of the eight operational sites, and administrative law judges and/or parole boards serving as the legal authority in the remaining three. All RCI programs required regular court appearances, although not all established a specialized reentry court docket. The majority of sites appeared to offer comprehensive services to their program participants, with case management provided either through a specialized case manager or the supervision officer. Several barriers were common across the RCI sites, particularly the difficulties in obtaining employment, and appropriate, affordable housing for program participants.

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■ Background

A combination of trends in sentencing, incarceration, and post-release supervision has brought prisoner reentry to the forefront of discussions among policymakers, practitioners, and researchers. Widely recognized increases in incarceration rates over the past 20 years have led to record numbers of prisoners, with current estimates indicating that over 1.4 million people are incarcerated in state or federal prisons. The increase in incarceration rates is partly due to longer sentences for drug offenses (Blumstein & Beck, 1999). However, large numbers of parole violations are also responsible for this trend (Petersilia, 2000), suggesting the need for better management of released offenders. Concomitant with increasing incarceration rates are increasing numbers of releasees, with Bureau of Justice Statistics estimates of over 600,000 individuals released from prison each year. Despite recent accounts indicating that the growth rate of prison releasees is declining slightly (Lynch & Sabol, 2001), large numbers of exoffenders continue to be released into the community.

The increases in incarceration and release rates have been accompanied by increases in the amount of time served in prisons. Time served has increased from an average of 22 months for prisoners released in 1990 to 28 months for those released in 1998 (Beck, 2000). The trend toward serving more time in prison is primarily due to truth-in-sentencing laws and the shift away from discretionary release rather than to changes in offense type (Lynch & Sabol, 2001). The increase in time served in prison has implications for reentry in that longer prison stays may affect subsequent employment and earnings. They are also associated with less family contact, which, in turn, can have adverse effects on community reintegration upon release (Lynch & Sabol, 2001; Rose, Clear, & Ryder, 2001).

Trends toward serving more time in prison have not resulted in a greater likelihood of prisoners' rehabilitative needs being met. The availability of rehabilitative programs in prison is low, and program participation among prisoners has been declining over the past decade, with only 35% of soon-to-be-released inmates reporting participation in educational programs and 27% reporting participation in vocational programs in 1997 (Lynch & Sabol, 2001). Substance abuse treatment is an especially prevalent service need among inmates, as the majority of prisoners have drug or alcohol problems. Although estimates suggest that 70% to 85% of state prisoners need treatment, the Office of National Drug Control Policy reports that only 13% of inmates receive it while incarcerated (Byrne, Faley, Flaim, Pinol, & Schmidlein, 1998). This is unfortunate because participation in prison treatment programs has been shown to decrease recidivism, particularly when followed by community aftercare (Gaes, Flanagan, Motuik, & Stewart, 1999).

The emphasis on supervision over rehabilitation is also evident outside of correctional institutions. Currently three fourths of releasees are on some type of post-release supervision, yet existing supervision mechanisms do not appear to be

effective at promoting successful community reintegration. Caseloads for supervision officers are increasingly higher, and the per capita spending is lower (Petersilia, 1999). Partially because of such declines in per capita parole resources, offenders released from prison are receiving less case planning and management. Not surprisingly, parolees are less likely than ever before to successfully complete parole. Failure rates are high; 67.5% of releasees are rearrested within 3 years of release, and 52% are returned to prison (with or without a new prison sentence; Langan & Levin, 2002). In particular, recidivism rates are highest in the first year after release.

The increasing emphasis of correctional institutions and supervision agencies on supervision over rehabilitation is a potentially troubling trend given the exceptionally high needs of prisoners and releasees. Chronic and infectious diseases, mental health problems, and substance abuse are prevalent among prisoners and releasees (Travis, Solomon, & Waul, 2001). The need for assistance with housing, employment, and education are equally strong. Successful management of released offenders must combine intensive supervision with comprehensive case planning and management.

A final issue in reentry that influences the management of exoffenders is the concentration of returning prisoners in certain communities. Core urban communities tend to be disproportionately affected by the increasing numbers of prison releasees (Lynch & Sabol, 2001). The disproportional impact of reentry on certain communities suggests the need for community-based responses, particularly community partnerships designed to guide reentry efforts and leverage existing resources to deliver comprehensive, integrated services, as well as to maximize supervision.

☒ The Reentry Court Initiative

The trends discussed above suggest the need for a new approach to managing the large numbers of exprisoners who are returning to our communities unprepared for release and with significant needs. While several multidisciplinary efforts to promote successful prisoner reintegration by involving a variety of community stakeholders have been implemented, including the Reentry Partnerships Initiative and the Serious and Violent Offender Reentry Initiative (SVORI), the role of the courts in managing released prisoners had not been tested. One of the unique advantages of court-based reentry management is that this model allows the reentry process to begin at sentencing and continue throughout the release period (Travis, 2000). In addition, court-based models are able to leverage judicial authority and to maximize the use of sanctions and rewards (Travis, 2000). Therefore, in February 2000, the Office of Justice Programs (OJP) launched the Reentry Court Initiative (RCI).

The impetus for the RCI was the recognition that using judicial authority to apply sanctions and rewards and to marshal resources has been shown to be

effective in drug courts (Belenko, 2001; Gottfredson & Exum, 2002; Fielding, Tye, Ogawa, Imam, & Long, 2002; Turner et al., 2002; Banks and Gottfredson, 2003) and that a similar model could be applied to support prisoner reintegration. Drawing on the drug court model, the goal of the RCI was to “establish a seamless system of offender accountability and support services throughout the reentry

☒ Table 1

Core Components of Reentry Courts

Component	Description
Assessment and planning	<ul style="list-style-type: none"> • Identification of appropriate candidates for program participation prior to release • Needs assessment and planning prior to release, including social services, family counseling, health and mental health services, housing, job training, and work opportunities • Involvement of correctional administrators, reentry judge, and parole agency
Active oversight	<ul style="list-style-type: none"> • Regular court appearances beginning immediately after release and continuing throughout supervision • Involvement of judge, supervision officer, community policing officer • Program participants witness others' court appearances
Management of support services	<ul style="list-style-type: none"> • Program to identify necessary resources, including substance abuse treatment providers, job training programs, private employers, faith institutions, family members, housing services, and community organizations • Support resources marshaled by court • Case management approach to be developed by and accountable to court
Accountability to community	<ul style="list-style-type: none"> • Use of citizen advisory board • Restitution requirement • Involvement of victims' organizations
Graduated and parsimonious sanctions	<ul style="list-style-type: none"> • Use of predetermined range of sanctions for violations of supervision conditions • Sanctions to be administered swiftly, predictably, and universally
Rewards for success	<ul style="list-style-type: none"> • Identification of program milestones • Use of rewards (e.g., early release, graduation ceremonies) to recognize milestones • Public forum desirable

process.” Courts could be used to oversee the reentry process, including monitoring, supervision, case management, service provision, and community involvement. The RCI solicitation identified six core elements of reentry courts, described in Table 1. However, the Office of Justice Programs (OJP) recognized that numerous approaches could be used in establishing reentry courts, primarily with respect to judiciary involvement and authority. For example, some sites might establish quasi courts through the use of an administrative law judge. OJP envisioned a variety of configurations, depending on the statutory framework in the state, caseload, administrative flexibility, and levels of collaboration among key stakeholders.

After releasing a call for concept papers to identify sites interested in piloting reentry court programs, in February 2000 OJP identified and provided limited technical assistance (but no funding) to nine sites to implement reentry courts:

- California (San Francisco)
- Colorado (El Paso County)
- Delaware (two distinct programs: New Castle County and Sussex County)
- Florida (Broward County)
- Iowa (Cedar Rapids)
- Kentucky (two distinct programs: Fayette County and Campbell and Kenton counties)
- New York (the Harlem area)
- Ohio (Richland County)
- West Virginia (Mineral, Tucker, and Grant counties)

The nine sites were charged with developing strategies to improve the tracking and supervision of offenders upon release, prepare communities to address public safety concerns, and provide the services necessary to help offenders reconnect with their families and the community. The pilot sites were encouraged to test the reentry court model using individualized approaches appropriate to their communities while incorporating a core set of reentry court components.

The current article provides core programmatic information for all nine RCI sites, including: program status, target populations, organization and operations, services provided, key agencies involved, and barriers encountered.¹

¹ In October 2001, RTI was awarded a grant from the National Institute of Justice to ascertain the status of the nine RCI programs and to explore the feasibility of conducting a formal process evaluation. Although NIJ had intended to fund a full process evaluation, the uncertainty regarding the sites’ ability to successfully implement their programs and the time lag between RCI’s initiation and the funding of the evaluation resulted in a smaller scale study of the RCI programs than originally intended. RTI was asked to collect core information on the status and scope of the nine programs and to conduct site visits to three of the programs to gather more detailed information.

Methods

The primary source of data for the information presented in this article was telephone interviews with key stakeholders at the nine RCI sites. Using a semistructured interview guide, telephone interviews were conducted in the spring and summer of 2002 with one key site contact from each RCI site. The key site contacts were the RCI program directors or coordinators (these individuals were originally identified by OJP and “self confirmed” as being the person most knowledgeable about the RCI activities in the site during the telephone interview). Secondary data sources included existing program materials available for the sites. Finally, although detailed individual program descriptions are beyond the scope of the current article, we conducted site visits to three of the RCI programs that involved the judiciary (New Castle County, Delaware; Richland County, Ohio; and West Virginia) for the purpose of developing detailed program descriptions; some of the information presented in this article is based on the site visits. At each of the three sites visited, we spent two days interviewing program participants (at various stages in the program) and reentry court team members (identified in consultation with our key contact at each site), including program directors and/or coordinators, reentry court judges, supervision officers, case managers, treatment providers, and, in Richland County, a parole board member and community policing representative. Across the sites, we interviewed a total of 28 key stakeholders, 4 judges, 3 program directors or coordinators, 5 supervision officers, 2 case managers, 10 program participants, 1 Treatment Alternatives for Safer Communities (TASC) program director, 1 community policing officer, 1 counselor, and 1 parole board member. In addition, we scheduled the site visits to coincide with reentry court hearings (which typically take place on a monthly or biweekly basis), enabling us to observe these proceedings, as well as the reentry court team staffings that took place in two sites prior to the court hearing.

Using data from the telephone interviews, program materials, and, for the three sites selected for more in-depth study, site visits, we developed core information for each RCI site including: details on the operational status of each program, the target populations and enrollment, program organization and operations, services provided, key agencies involved, and barriers encountered.² When interpreting the results presented in the following section, keep in mind

² The full report for the project contains detailed program descriptions and logic models describing program inputs (existing resources available to the programs), throughputs (the goals and planning of the program), outputs (the actual program components, including case management, supervision, services provided, court appearances, and use of rewards and sanctions), and the desired outcomes (short- and long-term) the program hopes to influence for the three sites selected for more in-depth study.

that attempting to empirically validate the responses provided by the key stakeholders with other data sources (such as actual service delivery data) was beyond the scope of this study.

Results

Of the nine RCI sites, all but one (San Francisco) were able to reach operational status. Among the eight sites that implemented programs, seven were still operational as of December 2002, with most of the sites reporting the intention to continue their programs. Other major activities completed by RCI sites include applying for state and federal funding, conducting local evaluations, and participating in trainings.

Target Population and Enrollment Information

Table 2 contains detailed information about the target population (including any exclusion criteria), procedures for the identification of potential program participants, and enrollment data for each site. The programs target a diversity of offender populations, using parameters such as postrelease county of residence, offense type, or treatment needs to define their target population. All of the programs operate within a one- to three-county area, serving released prisoners who reside in or return to that area upon release. Very few programs (only New Castle, Delaware, and Richland County, Ohio) target the general prison population, with most sites targeting narrowly defined offense types (e.g., domestic violence offenders) or particular treatment needs (such as substance abuse treatment or mental health counseling).

The sites adopted a variety of procedures for identifying potential participants. Program participants typically are not identified until a few months prior to release, although some programs identify participants at the time of initial sentencing and therefore can arrange for the coordination of in-prison treatment and intensive prerelease planning. About half of the RCI sites function on a small scale (i.e., less than 10 participants currently enrolled) due to factors such as restrictive inclusion criteria, difficulty in identifying eligible participants, staff shortages, establishing program participation as voluntary, judges' reluctance to give split sentences, and the limited availability of administrative law judges. Some of the factors associated with small enrollment suggest that the programs are operating under capacity. However, some of the programs accommodate larger numbers of participants, with one site (Richland County) incorporating the reentry court program into the "standard operating procedures" of the judicial circuit.

Program Organization and Operations

The RCI sites employed diverse approaches in establishing their reentry court programs, as shown in Table 3. One of the major factors that distinguishes the

Table 2

Target Population and Enrollment Information

Date of Program Inception	Target Population	Procedures for Identifying Participants	Enrollment Information*
San Francisco, CA N/A	N/A (intended to target domestic violence offenders participating in an existing domestic violence program)	N/A	0
El Paso County, CO 10/01	Offenders with mental health and substance abuse disorders with post-release residence in El Paso County	Potential participants identified by Office of Offender Services (in prison) and prequalified prior to parole board hearing; entrance decided at parole board hearing (however, some participants not identified until after release; these participants may be identified by administrative law judge, parole officer, or mental health agency staff)	Current enrollment: 2 Graduates: 2 Cumulative enrollment: 7
New Castle County, DE 8/00	General adult prison population who have served a minimum of 1 year in prison and with post-release residence in New Castle County; exclude sex offenders, parole board violators, offenders serving mandatory sentences, offenders with open charges, and offenders with major discipline problems in prison	Case manager receives list of upcoming releases from the Department of Corrections (DOC) and reviews files and interviews prisoners who meet all eligibility criteria; probation officers conduct home visits to secure suitable housing; eligible offenders appear in court and sign court order transferring them into program	Current enrollment: 23 Graduates: 15 Cumulative enrollment: 74

Sussex County, DE	2/00	Domestic violence offenders incarcerated in jail or prison (although some have not been incarcerated) and with post-release residence in Sussex County	Referred by deputy attorney general (most common), the judge, or the probation officer	Current enrollment: 36 Graduates: 16 Cumulative enrollment: 60
Broward County, FL	7/01	Nonviolent felony offenders with substance abuse problems/drug charges participating in prison-based substance abuse treatment and with post-release residence in Broward County	DOC records reviewed by Reentry Court Team; DOC district supervisor introduces program through letter and interview to eligible offenders before release; willing participants appear in court day after release to enroll	Current enrollment: 4 Graduates: 3 Cumulative enrollment: 12
Cedar Rapids, IA	10/00	Offenders with significant mental health problems; exclude sex offenders	Participants identified by case manager in consultation with in-prison treatment staff; parole board makes decision regarding approval into program	Current enrollment: 23 Graduates: 8 Cumulative enrollment: 36
Kentucky	11/00	Nonviolent felony offenders with substance abuse problems/drug charges and with post-release residence in Campbell, Kenton, and Fayette counties	Screening by drug court coordinator	Current enrollment: 1 Graduates: N/A Cumulative enrollment: 7

* Current enrollment reflects enrollment in December 2002.

continued

☒ Table 2: Target Population and Enrollment Information, *continued*

	Date of Program Inception	Target Population	Procedures for Identifying Participants	Enrollment Information*
New York	5/01	Nonviolent felony offenders with drug charges (including sales) and with post-release residence in one of 3 precincts in the Harlem area; exclude severely mentally ill and sex offenders	Identified upon transfer by the Division of Parole and the DOC to a “down state” facility for prerelease planning (and community prep investigation), which occurs 3-4 weeks prior to release	Current enrollment: 30-35 Graduates: 22 Cumulative enrollment: 58
Richland County, OH	1/01	General prison population sentenced through Richland County Common Pleas Court and with post-release residence in Richland County; exclude sex offenders “in denial” and severely mentally challenged	Offenders who enter the program from the court are evaluated for re-entry court prior to sentencing (and receive treatment and monitoring in prison); offenders who enter from the state are identified by an institutional parole officer prior to release	Current enrollment: 94 Graduates: 34 Cumulative enrollment: 160
West Virginia	6/00	Juveniles at highest risk (defined by severity of offense, substance abuse problems, family situation, criminal record) with post-release residence in Mineral, Tucker, or Grant counties	Identified at sentencing or upon entry into correctional facility	Current enrollment: 7 Graduates: 3 Cumulative enrollment: 13

*Current enrollment reflects enrollment in December 2002.

programs is whether programmatic authority is maintained by the judicial branch or the executive branch. Five of the eight operational sites do involve the judiciary, and the remaining three utilize administrative law judges and/or parole boards as the legal authority. Depending on whether the authority rests with the judicial or executive branch, the programs utilize a variety of mechanisms for transferring authority to the reentry court program upon the offenders' release from prison. The sites that involve the judiciary either use split sentencing or release the offenders from prison directly into the reentry court program via a court order. At sites in which parole is used as the release mechanism, reentry court participation is established as a condition of release from prison. Only one program (New York) utilizes a prerelease facility to which reentry court participants are transferred three to four weeks prior to release; the remaining programs release prisoners directly into parole supervision.

All RCI programs require regular court appearances, which in most cases are presided over either by a judge or an administrative law judge (or parole board member); the Cedar Rapids program is unique in requiring appearances before a community accountability board consisting of representatives from service agencies, hospitals, educational institutions, the police department, and victims groups. As shown in Table 3, several programs utilize program phases (similar to the drug court model), with court appearances required in decreasing frequency as program participants progress through the program. Though some sites established a specialized reentry court docket, others utilize alternative approaches (such as monitoring reentry court clients through an established drug court). Most programs require between six months and one year of reentry court participation (after release from prison), although several do not have a fixed program length but instead determine program involvement based on the duration of post-release supervision or participation in specific treatment programs. It is also important to note that several programs are almost exclusively post-release in focus. Although this is contrary to the reentry model originally conceptualized by OJP, which involves the identification of offenders in advance of their release to engage in individualized prerelease planning and provide the offender with the necessary programming while incarcerated, this degree of early identification and coordination was often beyond the capabilities of the RCI sites' pilot programs. Several sites identify potential program participants a few months prior to release, and, in some cases, participants are not identified until after they are released. Indeed, one program noted that because its state still utilizes discretionary release, the fact that the date of release is not known in advance limits the amount of prerelease planning the program can implement. Other programs are often limited by the personnel and cost entailed in such prerelease coordination.

Reentry Services Provided

Based on the information provided by site contacts, most RCI sites appear to offer comprehensive services to their program participants; however, we were

Table 3
Program Organization and Operations Information

	Judicial Involvement	Reentry Court Release Mechanisms	Supervision Mechanism	Court Appearances	Program Length
San Francisco, CA	N/A	N/A	N/A	N/A	N/A
El Paso County, CO	No	Program participation established as condition of parole (participants enter voluntarily); entrance determined by parole board	Parole	Appear before administrative law judge once/month	Duration of parole (6 months to 2 years)
New Castle County, DE	Yes	Participants court ordered to reentry court (participants voluntarily sign contract); reentry court considered a “level 4 sanction,” which enables prisoners to be released into the program	Probation	Appear before judge on the following schedule: <ul style="list-style-type: none"> • Month 1: once/week • Months 2-3: twice/month • Months 4-6: once/month; • Then twice in the last 6 months 	1 year (but flexible depending on success)
Sussex County, DE	Yes	Participants acknowledge participation as part of plea agreement	Probation	Appear before judge once/month	Minimum of 6 months
Broward County, FL	Yes	Most enter program through split-sentencing; some enter voluntarily	Probation	Appear before drug court judge as needed (usually monthly); appearances decrease with progress; if relapse, special hearing will be called	Dependent on duration of probation and/or treatment

Cedar Rapids, IA	No	Program participation made a condition of release (participants voluntarily agree to early release)	Parole or probation	Appear once or twice per month before community accountability board	At least 6 months; length depends on duration of supervision
Kentucky	Yes	Enter through split sentencing (serve a portion of their time in correctional institutions and the remaining sentence under supervision of the reentry court)	Probation	Appear before drug court judge on the following schedule: <ul style="list-style-type: none"> • Phase 1: 4 times/month • Phase 2: twice/month • Phase 3: once/month 	6 months in-prison treatment followed by drug court supervision for a minimum of 1 year
New York	No	Eligible offenders paroled by parole board; program participation mandatory	Parole	Appear before administrative law judge on the following schedule: <ul style="list-style-type: none"> • Phase 1: twice/month • Phase 2: once/month • Phase 3: once/month 	18 months (including aftercare)
Richland County, OH	Yes	Offenders who enter the program from the courts enter through either split sentence (for those with multiple offenses) or judicial release by sentencing judge; offenders who enter the program from the Adult Parole Authority are released into the program either through postrelease control or parole (only those sentenced prior to a 1996 truth-in-sentencing law); program participation mandatory	Parole or probation	Appear before either judge or parole board member (who jointly preside over status hearings) once/month	1 year
West Virginia	Yes	Most program participants court-ordered into reentry court at initial sentencing; some court-ordered upon release; program participation mandatory	Probation	Appear before judge once/month	6-18 months (flexible)

not able to discern the extent to which these services were actually accessed or utilized by program participants. Table 4 lists the services available in each site and the mechanism through which case management is provided. In several cases, case management is provided through the parole or probation officer, but in some sites a specialized case manager is used. El Paso County, Colorado, and both of the Delaware programs utilize TASC (Treatment Alternatives for Safer Communities) case managers specifically assigned to reentry court clients. Richland County is unique in utilizing a reentry court coordinator who works exclusively with reentry court clients and arranges pre- and post-release programming.

☒ Table 4
Services Provided

	Case Management	Services Available
San Francisco, CA	N/A	N/A
El Paso County, CO	TASC case manager (one TASC case manager assigned to reentry court)	Mental health treatment; substance abuse treatment; housing assistance; financial assistance; educational assistance; employment assistance/ vocational training
New Castle County, DE	TASC case manager (one TASC case manager assigned to reentry court)	Week-long orientation; mental health counseling; substance abuse treatment; educational assistance; employment assistance/vocational training; mentoring; clothing assistance; food bank
Sussex County, DE	TASC case manager	Substance abuse treatment; domestic violence counseling; educational assistance; employment assistance/ vocational training
Broward County, FL	Probation officer	Mental health treatment; health care; substance abuse treatment; domestic violence counseling; housing assistance; educational programming; employment assistance/ vocational training
Cedar Rapids, IA	Case manager	Mental health treatment; medication management; housing assistance; transportation assistance

☒ Table 4: Services Provided, *continued*

	Case Management	Services Available
Kentucky	Administrative Office of the Court (AOC) case managers	Substance abuse treatment (in-prison therapeutic community and outpatient treatment); employment assistance
New York	Parole officer and resource coordinator	Mental health treatment; health care; substance abuse treatment; employment program (transitional work program); group counseling; family mediation
Richland County, OH	Reentry treatment coordinator	Mental health treatment; health care; substance abuse treatment (including secure residential treatment); domestic violence counseling; sex offender programming; employment assistance/vocational training; education assistance; housing assistance; faith-based community sponsorship
West Virginia	Case managers (from Division of Juvenile Services)	Mental health counseling; education assistance; employment assistance/vocational training; housing assistance; crisis intervention at schools; family counseling/parenting skills; assistance with basic needs (clothing, transportation, food stamp eligibility, birth certificates/identification)

Note. TASC = Treatment Alternatives for Safer Communities

Little variability in the services offered to program participants is evident across the RCI sites. Most offer substance abuse treatment, although the availability of appropriate residential treatment is often limited, particularly for rural sites such as West Virginia. The Kentucky and Broward County programs involve an intensive in-prison treatment program (followed by supervision through drug courts). Several programs offer mental health assessment and treatment, and physical health services. Cedar Rapids offers medication management services


to its reentry court participants, a much needed service for their population of severely mentally ill offenders. A few programs also offer domestic violence counseling, although the availability of such services is often limited. Almost all programs offer a variety of job placement/vocational services, as well as educational assistance, and housing placement services. Finally, many programs noted the necessity of assisting program participants with numerous basic needs, such as finding clothing, obtaining birth certificates (and other necessary identification), and resolving tangential legal issues (such as child support).

Key Agencies Involved

Table 5 lists the key agencies involved in each site's reentry court. As mentioned, the programs involve either the courts or state parole boards (with the exception of Richland County in which authority is shared). Supervision agencies also differ across the programs, depending on the post-release supervision mechanism (i.e., probation or parole) and the extent of prerelease involvement by correctional institutions. The programs involve a variety of private service agencies and state departments (such as the Departments of Health and Human Services [DHHS], Education, Labor, etc.). Law enforcement agencies are involved in several programs. The citizens' accountability board utilized in the Cedar Rapids program contains a representative from the local police department. In addition, the Richland County reentry court has a community police officer in attendance at status hearings and involves frequent interaction among the parole and probation officers, community policing, and the traditional police force. Most of the RCI sites report little involvement by either the district attorney's office or the public defender's office once the offender enters the program; the West Virginia program is unique in having the prosecuting attorney attend the status hearings. Finally, community advisory boards are used in varying degrees across the sites. Most of the programs do not have formal involvement from community representatives; the most notable exception is the Cedar Rapids program, which utilizes its citizens' accountability board to conduct the status hearings. The West Virginia program uses community members in an advisory capacity through its Citizens Advisory Boards, which have been established in each county in which the program operates.

Barriers Encountered

The final information gathered during the program update telephone calls was the barriers encountered by the sites. Lack of funding was a problem for all sites. The RCI did not provide any financial support for the establishment of the programs, and the majority of the operational programs did not receive any funding from any other source. Exceptions were El Paso County, which received some funding from the state (Colorado) Department of Corrections (DOC); Cedar Rapids, which received a state (Iowa) DHHS grant; and New York, which received funding from Technical Assistance for Needy Families (TANF). Kentucky also

 Table 5

Key Agencies Involved

	Key Agencies Involved
San Francisco, CA	Mayor's Criminal Justice Council Courts Probation Sheriff's Office District Attorney's Office
El Paso County, CO	Pikes Peak Mental Health Center Colorado DOC Parole Board TASC DOC Office of Reintegration Local job development center City police department
New Castle County, DE	TASC DOC (prison and probation) Courts Law enforcement Private service providers (education, vocational rehabilitation, etc.) Department of Health and Human Services Department of Education Department of Labor
Sussex County, DE	TASC Courts DOC Private service providers
Broward County, FL	Courts (Broward County Drug Court) DOC Public Defender's Office State Attorney's Office Private substance abuse treatment facility Sheriff's Department
Cedar Rapids, IA	Department of Correctional Services Citizens Accountability Board (representatives from mental health center, substance abuse providers, psychiatric hospital unit, neighborhood associations, police department, mental health consumers, family counseling agencies, Vocational Rehabilitation)

continued

☒ Table 5: Key Agencies Involved, *continued*

	Key Agencies Involved
Kentucky	Administrative Office of the Courts DOC Community service providers University of Kentucky, Center on Drug and Alcohol Research (local evaluation)
New York	Division of Parole Department of Correctional Services Center for Court Innovation State Office of Court Administration State Department of Criminal Justice Services Service providers Police department
Richland County, OH	Richland County Common Pleas Court Richland County Court Services (probation) Adult Parole Authority Ohio Department of Rehabilitation and Corrections Community Policing (Mansfield Police Department and Richland County Sheriff's Department) Service providers County Board of Mental Health
West Virginia	Courts Division of Juvenile Services County Probation (21 st Judicial Circuit) District Attorney's Office Law enforcement Service providers Citizens Advisory Boards (have 1 for each county; consist of representatives from housing, faith-based organizations, schools, employers, local colleges, family-resource networks, service providers)

Note. DOC = Department of Corrections; TASC = Treatment Alternatives for Safer Communities

received a small grant (from State Justice Institute) to conduct a local evaluation. Table 6 lists barriers encountered by the RCI sites. Many barriers are common, particularly the difficulties in obtaining employment and appropriate, affordable housing for program participants. Programs targeting special populations encountered unique difficulties with respect to housing. The Sussex County program, which targets domestic violence offenders, must be prepared to coordinate alternate housing for program participants, since domestic violence perpetrators cannot reside with their victims. The West Virginia program, which targets juveniles, faces difficulty in reuniting exoffenders with their families, who are often involved in criminal behavior, making it undesirable for these youth to return to their families. While not a programmatic barrier, family cooperation was often mentioned as an individual-level barrier for many returning prisoners in that the family may enable criminal behavior (e.g., covering for the individual to his or her probation or parole officer, making excuses to the judge, etc.) or prevent the exoffender from learning to live independently.

Another commonly mentioned barrier to reentry court operation was lack of interagency cooperation. This barrier, in fact, was the primary reason for the failure of the San Francisco program to be implemented. Lack of agreement among the sheriff's office, district attorney's office, and courts on the appropriate target population for the reentry court program became an insurmountable challenge when the lead agency withdrew interest in the program and no other agency assumed this role. Other programs cited distinctly different (and sometimes contradictory) visions for the program among treatment, supervision, and correctional institutions. Some programs (such as West Virginia) have had difficulty in maintaining the involvement of community advisory board members. Logistical issues related to coordination among agencies were also commonly mentioned, with programs having to employ creative solutions to streamline the potentially conflicting standard operating procedures among various agencies. The Cedar Rapids program benefits from a Central Point of Contact (CPC) in Iowa that serves as a clearinghouse in each county, determining the type, amount, and level of services and approving the financial assistance to which a referral is entitled. This enables the program to cut through a lot of the red tape and ensure that services are paid for once someone is determined to be eligible.

According to the site contacts whom we interviewed, difficulty in obtaining services has also threatened the ability of some of the RCI sites to deliver planned services. For example, the Sussex County program reported difficulty in obtaining batterer intervention services—a major obstacle to this program with its focus on domestic violence services. Similarly, the West Virginia program reported a severe shortage of substance abuse treatment services in the areas served by the reentry court program, which are rural and geographically dispersed, causing program participants to be referred out of state for residential substance abuse treatment.

Related to the *availability* of treatment services is *access* to such services by program participants. Several programs mentioned difficulty encountered by

Table 6
Barriers Encountered

	Barriers Encountered	Changes in Original Scope
San Francisco, CA	Lack of agreement between participating agencies (district attorney's office, sheriff's office, public defender's office) regarding targeting violent offenders for release; court did not want to maintain another specialty docket	Did not implement program
El Paso County, CO	Finding affordable housing; employment resources; voluntary participation; not knowing date of release ahead of time; interagency cooperation (different visions among treatment, supervision, prison staff)	Program originally intended to serve only mandatory parole, but now includes regular parole as well; not all participants are identified prior to release
New Castle County, DE	Identification problems among participants (i.e., multiple identities, lack of identification); tangential legal problems among participants (e.g., outstanding warrants, child support obligations); finding suitable housing; finding suitable employment	Extended program duration from 6 months to 12 months
Sussex County, DE	Finding suitable housing; obtaining domestic violence counseling (service availability <i>and</i> accessibility to participants); finding an appropriate assessment instrument for domestic violence offenders	
Broward County, FL	Judges' reluctance to give split sentences (only way to get participants into program, since Florida does not have parole); public defenders' and prosecutors' reluctance to support split sentences; state budget cuts	Have not been able to expand program
Cedar Rapids, IA	Establishing linkages within the institutional system; offenders being released with no medication (resolved this by establishing a protocol to ensure a six-month supply of medication upon release); long-term housing for mentally ill	Have become more inclusive of offenders (accept more high risk clients)

Table 6: Barriers Encountered, *continued*

	Barriers Encountered	Changes in Original Scope
Kentucky	Lack of funding; limitations in judges' authority (limited to 10 days after commitment to DOC) prevented the program from targeting parolees; lack of administrative law judges (only 2 in the state)	Changed target population from parolees to "shock probationers"; reduced target area to 2 counties; decreased scope of participants from 50 to 7
New York	Finding housing (particularly for formerly homeless); incorporating key partners and working out roles; limitations in authority of administrative law judge; participant identification prior to release	Added family mediation component
Richland County, OH	Disparate caseloads between probation and parole officers (higher for parole officers); probation/parole officer turnover	No changes
West Virginia	Lack of availability of substance abuse treatment; interagency logistics/bureaucracy; difficulty keeping citizen advisory board involved; lack of staff; lack of transportation; geographical dispersion; family cooperation; lack of housing; lack of employment opportunities	Focused on only 3 counties; smaller caseload

Note. DOC = Department of Corrections

participants in obtaining services due to lack of transportation. This is a significant barrier in West Virginia, not only because the counties served are rural and geographically dispersed but also because many of the program participants (who are juveniles) cannot drive, requiring a significant level of effort by the case managers.

Finally, several RCI sites mentioned various legal barriers to program implementation and operation. For example, judges' reluctance to give split sentences reduces the number of participants eligible to enter the program, yet

several sites require split sentencing for participants to be enrolled in the program. Limited judicial authority was the reason that the executive branch of government ended up heading the reentry court in New York. Sites in which discretionary release is still used also encounter difficulty in planning for reentry services, because the date of release is not known ahead of time. The few sites that set up their programs as voluntary (such as El Paso County) cite this as a barrier due to the difficulty in getting participants to agree to amend the conditions of their parole.

Although many of the barriers reported by RCI sites may indeed be applicable to other reentry programs or similar court-based initiatives, the small size of the programs may limit the extent to which barriers are generalizable beyond the RCI sites.

❏ Discussion

The RCI sites were charged with testing the reentry court model using basic key components yet tailoring their programs to suit the individual legal, political, and community context in which they operate. Although the sites were not awarded federal funding to implement their programs and received only limited technical assistance, all but one were successful in implementing their programs. While some of the programs continue to operate on a small scale, others have been able to achieve relatively high enrollment numbers and nearly all programs reported that they intend to continue operating and expanding their reentry courts. However, given the lack of funding, generally low program enrollment, and numerous barriers identified by the RCI sites, whether these intentions can be realized is uncertain.

Common themes as well as unique variations across the sites were evident regarding assessment and planning, judicial oversight, management of support services, community accountability, and the use of rewards and sanctions. The main similarities in the reentry court approach used across the sites include the types of services available to participants (with almost all programs indicating that they offer substance abuse treatment, mental health treatment, job placement/vocational services, educational assistance, housing assistance, and assistance with other basic needs) and the use of regular status hearings to monitor the progress of participants. Major differences were evident regarding target population, key agencies involved (including involvement of the judiciary), and the type of supervision and case management.

Despite the extensive variability evident across the RCI sites, several lessons that may be relevant to the implementation of other reentry initiatives emerged from this study. The first pertains to identification of the appropriate target population. As discussed previously, the RCI programs targeted diverse populations, ranging from juveniles to adults and including either the general prison population or a subset of offenders with specific charges or treatment needs. While certainly not a novel lesson, it is evident that agreement on the

appropriate target population among key agencies involved in the reentry court is essential. Decisions about whether to include violent or sex offenders, for example, have implications for the level of support from prosecutors, acceptance from service providers, intensity of supervision expected from probation or parole officers, and support from the public for the program. In addition, unlike drug courts, which involve focused treatment for offenders who share a common treatment need, reentry courts that target the general population of returning offenders have to meet a diverse set of needs extending far beyond substance abuse treatment.

Second, one of the original key components of reentry courts—that assessment and planning should take place prior to release—appeared difficult for several sites to implement. Although one of the advantages of establishing courts as a mechanism for coordinating the reentry process is that reentering prisoners can theoretically be identified at the initial sentencing, with preparation for release beginning immediately after sentencing, the logistical barriers to this practice may make it infeasible to implement universally. The extent to which prerelease assessment, planning, and programming occur across the RCI sites was highly variable. While most of the programs identify participants a few months prior to release and engage in some level of prerelease assessment and planning, a few wait until after release before beginning assessment and planning. The few sites that are able to arrange for extensive prerelease programming (including in-prison therapeutic communities) can take advantage of early identification of participants (sometimes at the initial sentencing) and the existence of established institutional programs. Being able to provide prerelease programming is advantageous because prisoners are better prepared for their release and can concentrate on finding employment and housing (rather than having to juggle treatment participation with many other responsibilities). However, some programs simply do not have the staff or institutional support to engage in extensive coordination and programming prior to release.

Finally, perhaps the most significant distinction among the RCI sites is the use of the judicial or executive branch as the authoritative body. Three of the RCI sites utilize administrative law judges as the authority; in the remaining five operational programs, ultimate oversight is provided by the judge (although one program involves shared authority between the judge and a parole board member). Judicial involvement has several apparent advantages over the alternative model, but having oversight provided by the judiciary is simply not feasible for several sites due to the low level of support from the local courts and state laws limiting the use of judicial authority. In addition, the alternative model may have advantages that were not adequately explored in this study.

In sum, the Reentry Courts Initiative has confirmed the importance of collaborative planning, ensuring that all participating agencies benefit from the particular model developed by the site. In addition, the RCI confirms the need to leverage existing resources unique to a particular community in order to implement

a successful program. Indeed, the extent to which sites are able to reach out to pertinent agencies and community groups may influence the level of support they can marshal for their programs and, in turn, the services they are able to provide to participants.

Further research on several key implementation characteristics, including specific ways in which programs dealt with the barriers they encountered, whether programs met their original goals, and documentation of funding sources and program costs would provide valuable information to sites interested in establishing successful reentry courts. Given that many of the programs are operating on a very small scale, it is particularly important to document the relative costs and benefits of programs that serve a small number of participants. Additional research on the formation and functioning of alternative models (including several non-court-based programs) and practices that are most effective with different types of offenders, would also be of importance. Given that reentry courts are a promising, yet fledgling approach to managing the complex problem of prisoner reentry, documenting all types of models used in establishing programs is an important contribution to the field, one that will serve policymakers, practitioners, and researchers alike.

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